

County: Taylor  
ZASTROW CARE CENTER INC.  
600 W HICKORY PO BX 218  
GILMAN 54433 Phone: (715) 447-8217

Facility ID: 9800

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Operated from 1/1 To 12/31 Days of Operation: 365  
Operate in Conjunction with Hospital? No  
Number of Beds Set Up and Staffed (12/31/01): 50  
Total Licensed Bed Capacity (12/31/01): 50  
Number of Residents on 12/31/01: 41

Ownership:  
Highest Level License:  
Operate in Conjunction with CBRF? No  
Title 18 (Medicare) Certified? No  
Title 19 (Medicaid) Certified? Yes  
Average Daily Census: 41

Corporation  
Skilled  
No  
No  
Yes  
41

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Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)			
		Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		17.1	
Home Health Care	No					1 - 4 Years		39.0	
Supp. Home Care-Personal Care	No					More Than 4 Years		43.9	
Supp. Home Care-Household Services	No	Developmental Disabilities	7.3	Under 65	0.0				
Day Services	No	Mental Illness (Org. /Psy)	34.1	65 - 74	9.8				
Respite Care	No	Mental Illness (Other)	9.8	75 - 84	29.3			100.0	
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	53.7				
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	7.3				
Congregate Meals	No	Cancer	4.9			*****			
Home Delivered Meals	No	Fractures	0.0			Full-Time Equivalent			
Other Meals	No	Cardiovascular	29.3	65 & Over	100.0	Nursing Staff per 100 Residents			
Transportation	No	Cerebrovascular	9.8			(12/31/01)			
Referral Service	No	Diabetes	4.9	Sex	%	RNs		5.5	
Other Services	No	Respiratory	0.0			LPNs		9.2	
Provide Day Programming for		Other Medical Conditions	0.0	Male	39.0	Nursing Assistants,			
Mentally Ill	No			Female	61.0	Aides, & Orderlies			
Provide Day Programming for			100.0			43.7			
Developmentally Disabled	No								

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#### Method of Reimbursement

Table 1: 2017-2018 Long-Term Care Services by Funding Source																				
Level of Care	Medi care (Title 18)			Medi caid (Title 19)			Other		Private Pay			Family Care		Managed Care			Total Resi- dents	% Of All		
	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%			Per Di em (\$)	
Int. Skilled Care	0	0.0	0	2	5.4	114	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	4.9
Skilled Care	0	0.0	0	34	91.9	99	0	0.0	0	4	100.0	117	0	0.0	0	0	0.0	0	38	92.7
Intermediate	---	---	---	1	2.7	84	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	2.4
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		37	100.0		0	0.0		4	100.0		0	0.0		0	0.0		41	100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				
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Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
Private Home/No Home Health	40.9	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/With Home Health	0.0	Bathing	0.0	68.3	31.7	41
Other Nursing Homes	9.1	Dressing	31.7	56.1	12.2	41
Acute Care Hospitals	50.0	Transferring	46.3	36.6	17.1	41
Psych. Hosp. -MR/DD Facilities	0.0	Toilet Use	43.9	26.8	29.3	41
Rehabilitation Hospitals	0.0	Eating	68.3	17.1	14.6	41
Other Locations	0.0	*****				
Total Number of Admissions	22	Continence	%	Special Treatments		
Percent Discharges To:		Indwelling Or External Catheter	2.4	Receiving Respiratory Care	9.8	
Private Home/No Home Health	35.0	Occ/Freq. Incontinent of Bladder	41.5	Receiving Tracheostomy Care	0.0	
Private Home/With Home Health	10.0	Occ/Freq. Incontinent of Bowel	19.5	Receiving Suctioning	2.4	
Other Nursing Homes	0.0			Receiving Ostomy Care	2.4	
Acute Care Hospitals	30.0	Mobility		Receiving Tube Feeding	0.0	
Psych. Hosp. -MR/DD Facilities	0.0	Physically Restrained	14.6	Receiving Mechanically Altered Diets	56.1	
Rehabilitation Hospitals	0.0					
Other Locations	0.0	Skin Care		Other Resident Characteristics		
Deaths	25.0	With Pressure Sores	4.9	Have Advance Directives	100.0	
Total Number of Discharges		With Rashes	2.4	Medications		
(Including Deaths)	20			Receiving Psychoactive Drugs	41.5	

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Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities  
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	This Facility %	Ownership: Peer Group %	Ratio	Bed Size: 50-99 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	82.0	80.3	1.02	85.1	0.96	84.4	0.97	84.6	0.97
Current Residents from In-County	78.0	72.7	1.07	72.2	1.08	75.4	1.03	77.0	1.01
Admissions from In-County, Still Residing	18.2	18.3	0.99	20.8	0.87	22.1	0.82	20.8	0.87
Admissions/Average Daily Census	53.7	139.0	0.39	111.7	0.48	118.1	0.45	128.9	0.42
Discharges/Average Daily Census	48.8	139.3	0.35	112.2	0.43	118.3	0.41	130.0	0.38
Discharges To Private Residence/Average Daily Census	22.0	58.4	0.38	42.8	0.51	46.1	0.48	52.8	0.42
Residents Receiving Skilled Care	97.6	91.2	1.07	91.3	1.07	91.6	1.07	85.3	1.14
Residents Aged 65 and Older	100	96.0	1.04	93.6	1.07	94.2	1.06	87.5	1.14
Title 19 (Medicaid) Funded Residents	90.2	72.1	1.25	67.0	1.35	69.7	1.29	68.7	1.31
Private Pay Funded Residents	9.8	18.5	0.53	23.5	0.42	21.2	0.46	22.0	0.44
Developmentally Disabled Residents	7.3	1.0	7.36	0.9	8.11	0.8	9.29	7.6	0.96
Mentally Ill Residents	43.9	36.3	1.21	41.0	1.07	39.5	1.11	33.8	1.30
General Medical Service Residents	0.0	16.8	0.00	16.1	0.00	16.2	0.00	19.4	0.00
Impaired ADL (Mean)	42.4	46.6	0.91	48.7	0.87	48.5	0.87	49.3	0.86
Psychological Problems	41.5	47.8	0.87	50.2	0.83	50.0	0.83	51.9	0.80
Nursing Care Required (Mean)	9.8	7.1	1.37	7.3	1.34	7.0	1.39	7.3	1.33